

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41685

|  |  |   |  |  |  |   |  |
|--|--|---|--|--|--|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. 270  |  | PRIMARY REG. DIST. NO. 5909  |  | Registrar's No. 186   |  |
| 1. PLACE OF DEATH<br>a. COUNTY Pemiscot  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE Missouri b. COUNTY Pemiscot  |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Little Prairie 1 Yr.  |  |   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Little Prairie 1780   |  |   |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Caruthersville Rt.1   |  |   |  | d. STREET ADDRESS (If rural, give location) Caruthersville Rt.1  |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print) Frank   |  | a. (First)  |  | b. (Middle) Abbott   |  | c. (Last)   |  |
| 4. DATE OF DEATH December 16, 1950   |  | a. (Month)  |  | b. (Day)   |  | c. (Year)   |  |
| 5. SEX Male 2  |  | 6. COLOR OR RACE Negro  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2   |  | 8. DATE OF BIRTH About 1875                                       |  |
| 9. AGE (In years last birthday) About 76   |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Share Cropper (Ret.)  |  | 10b. KIND OF BUSINESS OR INDUSTRY Farming  |  | 11. BIRTHPLACE (State or foreign country) Aberdeen, Mississippi   |  |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A.  |  | 13a. FATHER'S NAME Walter Abbott  |  | 13b. MOTHER'S MAIDEN NAME Unknown  |  | 14. NAME OF HUSBAND OR WIFE X                                     |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No   |  | 16. SOCIAL SECURITY NO. X   |  | 17. INFORMANT'S SIGNATURE OR NAME Oscar Abbott   |  | ADDRESS Caruthersville, Mo.                                       |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.    |  |   |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Unknown- this person died without medical attention.<br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  | INTERVAL BETWEEN ONSET AND DEATH 7955                             |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                          |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  |  | 21d. HOW DID INJURY OCCUR?  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> |  |  |  |   |  |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6 P. m., from the causes and on the date stated above. |  |   |  |  |  |   |  |
| 23a. SIGNATURE James A. Osburn 3   |  |   |  | 23b. ADDRESS Wardell, Mo.  |  | 23c. DATE SIGNED 12-19-50   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial   |  | 24b. DATE Dec. 18, 1950   |  | 24c. NAME OF CEMETERY OR CREMATORY Morgan Ridge Cemetery   |  | 24d. LOCATION (City, town, or county) (State) Caruthersville, Mo. |  |
| DATE REC'D BY LOCAL REG. 12-22-1950  |  | REGISTRAR'S SIGNATURE Hattie B. Nicks   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.S. Smith Funeral Home 808 Ward Ave. Caruthersville, Mo.   |  |   |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

12-50-322

DEC 27 REC'D

S. B. Beecher, M. D.,  
Pemiscot County Health Department,  
Caruthersville, Missouri

---

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

Student Embalmer No. ....

Licensed Embalmer No. ....

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.